

THE COMMUNITY-BASED MEDICAL EDUCATION ACT OF 2014
U.S. SENATOR PATTY MURRAY (D-WA)

The Problem:

The United States is facing a looming crisis in access to primary care that is expected to result in a [shortage of approximately 52,000 primary care physicians by 2025, according to the Annals of Family Medicine](#). [In Washington state alone](#), the primary care physician shortage is expected to [reach 1,695 by 2030, according to the Robert Graham Center](#).

Across the country, underserved communities, including many in rural and tribal areas, and others located far from teaching hospitals, already deal with limited access to primary care, and will be hit hardest by this growing shortage of primary care physicians.

What kind of physicians do underserved communities need?

Underserved communities lack access to many health care providers particularly those specializing in family medicine, internal medicine, pediatrics, obstetrics and gynecology, geriatrics, dentistry and psychiatry.

What's creating the primary care physician shortage?

There are several factors that contribute to the shortage, from a cap on total medical residency slots, to an uneven distribution of physicians across medical specialties, to the undervaluation of primary care services in reimbursement systems. The problem that this bill addresses, however, is the structural issue within Medicare's graduate medical education (GME) payment system that steers future physicians away from primary care and away from rural and underserved areas.

How does the GME system currently work?

Currently, Medicare GME payments are designed primarily to reimburse teaching hospitals for the costs of physician training. These hospitals are often located in large, urban areas. As a result, residents are not sufficiently exposed to the practice of primary care and are not trained in the community-based settings where most patients most often receive that care.

What the Community-Based Medical Education Act of 2014 does:

This legislation builds on the success of existing models, like the Teaching Health Center ([THC program](#)) and Rural Training Track programs, which encourage medical students to receive primary care training in community-based settings and underserved communities. These programs have shown that physicians often decide to practice in the rural and underserved communities where they're trained.

In Washington state this year, the [THC program provided \\$1.6 million to help train primary care physicians in communities like Yakima, Spokane, Toppenish, and Tacoma](#).

The Community-Based Medical Education Act:

- Funds the training of approximately 550 medical residents per year by extending the THC program, which is set to expire in 2015, to 2019 (funding is \$420 million over 5 years).
- Provides \$25 million annually over three years to support the development of new training programs.
- Establishes a permanent, mandatory funding stream under Medicare for Primary Care Teaching Centers, which will emphasize training of primary care physicians, particularly in community-based settings and rural and underserved areas, starting in 2019. This program would create 1500 new residency slots nationwide.
- Directs the Secretary of Health and Human Services to establish measures to promote quality and accountability in graduate medical education.

Supporters:

University of Washington, Washington State University, American Osteopathic Association, American Academy of Family Physicians, Association of Departments of Family Medicine, American Geriatrics Society, North American Primary Care Research Group, Association of Family Medicine Residency Directors, Society of Teachers of Family Medicine, American Dental Association, National AHEC Organization, Pacific Northwest University of Health Sciences, Washington Academy of Family Physicians, Washington State Medical Association, American Association of Colleges of Osteopathic Medicine, Washington Osteopathic Medical Association, American Association of Teaching Health Centers

More information:

[Distribution of primary care physicians \(from the Robert Graham Center\)](#)

[Practice areas and specialties of physicians who trained through GME system \(from the Robert Graham Center\)](#)